

Mary M. Bladis

Town

County

Died at

Bath Spraville

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sept

Age 6

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband
of

Wife

Father's
Name

William Bladis

Mother's
Maiden Name

Lincie Bellies

Cause of

Primary

Dysentery

How long sick

one week

Death

Immediate

20

Accident, Suicide, Homicide

Reported by

Mother

By Payne Jr

Address

Newbern North Carolina

Bath Spraville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Louise Bonnerville

Town

Pawtucket

County

Providence

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

~~Married~~

9 / 7

Age

Married

Widow

Md

Baker

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

~~John~~

Wife

Father's

Name

James H Bonnerville

Mother's

Maiden Name

Isabell Webster

How long sick

Cause of

Primary

Premature Birth

Death

Immediate

15

Accident, Suicide, Homicide

Reported by

James H Bonnerville as Father
Pawtucket City Md

Address



Name
in
Full

England

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at Berlin	Worcester		Months	Days	1
Date of death 190	Month 9	Day 14	Age	Years	
Sex Male	Color or Race white	Occupation	Birth-place	Berlin	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Noah Bradford		Father's Birthplace		
Mother's Maiden Name	Mary		Mother's Birthplace	near Berlin	
Name of person giving information	Noah Bradford		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Loudness	151	How long
Immediate	" "		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
Address

No one in attendance

Accident or Suicide?

C. F. Evans No Worcester



Name

In
Full

Mable A Colliclo

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND		
Snowtree	Worcester					
Date of death 1902	Month Sept	Day 20	Years —	Months 7	Days 26	
Sex	Color or Race			Birth-place	Snowtree	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	James Colliclo		Father's Birthplace	Girdtree		
Mother's Maiden Name	Clarrie A Colliclo		Mother's Birthplace	Rehoboth Md		
Name of person giving information	Dr. Aydlette		How related to deceased	Through trouble		

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

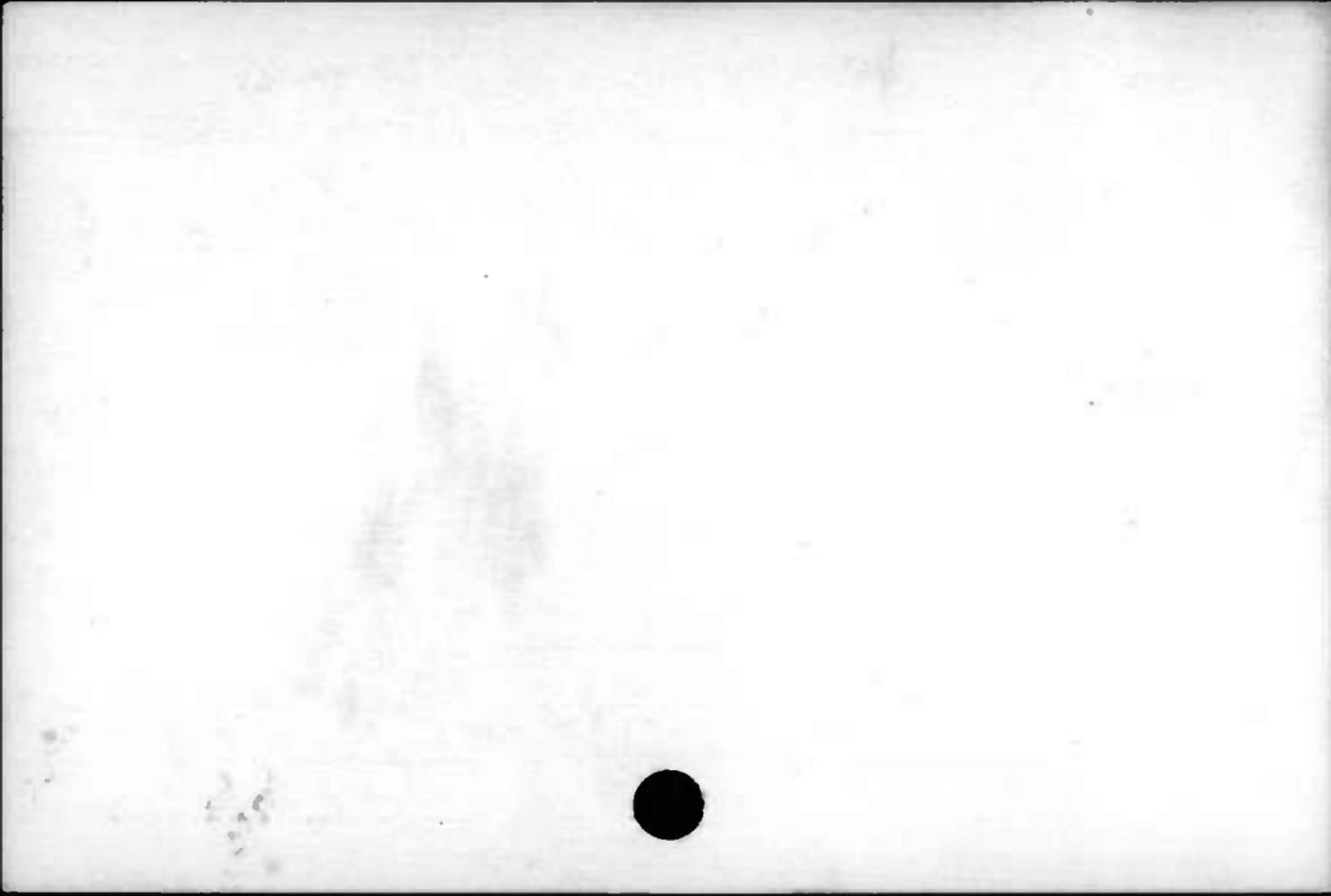
Address

Snowtree

William S. Williams
undertaker
Worcester Co Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ida May Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Snow Hill

County

Worcester

MARYLAND

Date of death 1902	Month 9	Day 21	Years	Months 9	Days 17
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Sex female	Color or Race white	Birth- place Newark
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Married, Single
or Widowed

Occupation

Name of Wife or
Husband

100.

Father's
Name

Joseph Collins

Father's
Birthplace

Laurel, Del.

Mother's
Maiden Name

Hester Shockley

Mother's
Birthplace

Bouldbyrun, Md.

Name of person giving
Information

Joseph Collins

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Yellow Bush

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

No physician

W.J. Kearne

Snow Hill Md.

Accident or Suicide?

Name
in
Full

Mrs John H Cortell.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died in	Town	County	MARYLAND		
Date of death 1902	Month Sept	Age 18	Years 80.	Months	Days
Sex Female	Color or Race white	Birth-place Wor Co			
Married, Single or Widowed Married	Occupation Housewife				
Name of Wife or Husband John H Cortell					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Fibroid Phthisis	How long 21 Years
Immediate anemia	How long Several months
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician C. W. Dirickson M.D.
	Address Berlin Md.
Accident or Suicide?	



Walter E Dryden

Died at		Town	County				MARYLAND						
Dublin		Worcester											
Date	1902	Month	Sept.	Day	9	Age	Y. 8	M. 5	D.	Native of	Maryland	Occupation	Child
Male		White		Married		Widow		Divorced					
Female		Colored		Single		Widower		Number of children living					
Husband of													
Wife													
Father's Name	Sewell E Dryden				Mother's Name			Amanda M Dikes					
Cause of Death	Primary	Typhoid Fever				How long sick			4 weeks				
	Immediate	Hemorrhage of bowels							Accident, Suicide, Homicide				
Reported by	J T Lovsten												
Address	Poconos Pa												

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Guthrie Evans

Town Near Pocomoke City, Maryland County MARYLAND
 Died at Near Pocomoke City, Maryland

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1952	Sept -	1	Age	3	18	Mel	
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	1

Husband of John H. Evans

Wife John H. Evans

Father's Name John H. Evans Mother's Maiden Name Pearl Ennis

Cause of Primary Ang. Pneum

How long sick

3-18

Death Immediate Gravido dead

Accident, Suicide, Homicide

Reported by John H. Evans

179

Address Pocomoke City

Must be signed by physician, if any in attendance; otherwise by coroner, undertaker or minister.



Name
in
Full

Salem D Fassette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Berlin	Worcester		Months	Days	
Date of death 190	Month 2	Day 9	Years —	Months 3	Days 0
Sex	Color or Race	Age 40.	Birth- place	Berlin	
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Dean Fassette			Father's Birthplace	Berlin
Mother's Maiden Name	Minnie L Taylor			Mother's Birthplace	"
Name of person giving Information	Dean Fassette			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unknown	179	How long	7 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	Dr Eber Holland
				Berlin MD
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Town		County		CERTIFICATE OF DEATH	
Died at	Snow Hill	Month	Day	Years	Months	Days	MARYLAND
Date of death 1902	9	12	Age 98	2			
Sex	Female	Color or Race	white	Birth- place			
Married, Single or Widowed	widow		Occupation				
Name of Wife or Husband							
Father's Name	unknown		Father's Birthplace	Unknown			
Mother's Maiden Name	unknown		Mother's Birthplace	Unknown			
Name of person giving Information	G. G. G.		How related to deceased	Grandson			

CAUSES OF DEATH

Primary

How long

Immediate

How long

old age

154

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

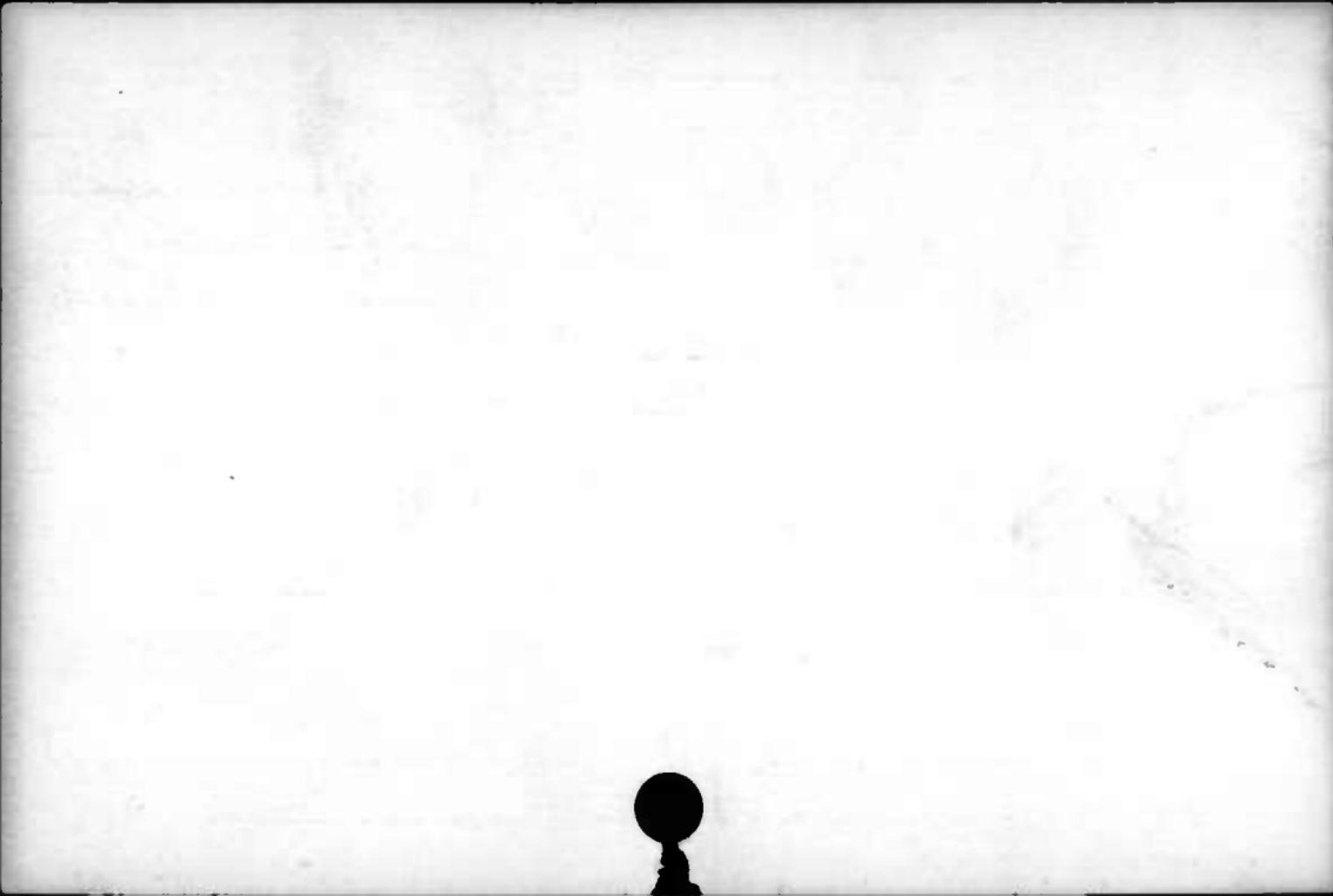
Address

no physician

W.R. Kearns

Snow Hill

Accident or Suicide?



Died at		Town	County	MARYLAND
Ocean city		Worcester		
Date	1902	Month Day	Y. M. D.	Native of
	9.7		- 12 -	md
Male	White	Age	Occupation	
Female	Colored	Married	Widow	Divorced
		Single	Widower	Number of children living
Husband of	John Oliver Johnson			
Wife				
Father's Name	Unknown			
Mother's Maiden Name	Cissy Pepper			
Cause of Death	Primary	Secondary	How long sick	
		Cailey & Thaddeus	9 days	
	Immediate	Stern	Accident, Suicide, Homicide	
Reported by	John O. Johnson			
Address	Ocean city Worcester Co Md			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Charles Wallart grandfather

Address

Baltimore City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas W. Humpard child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	Thomas W. Humpard		
Mother's Maiden Name	Sarahis Henry		
Name of person giving information	Charles C. Davis		
Father's Birthplace	Berlin		
Mother's Birthplace	near Berlin		
How related to deceased	son		

PHYSICIAN
OR CORONER

CAUSES OF DEATH			
Primary	Whooping Cough & appendicitis	How long	2 weeks
Immediate		How long	.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Ebe Holland
		Address	Berlin Md
Accident or Suicide?			

C. J. Zouws & sun

Name
in
Full

Bertha Hill Pollitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 9	Day 9	Years 18	Months >	Days —
Sex Female	Color or Race White	Occupation	Birth place Bear Snow Hill		
Married, Single or Widowed					
Name of Wife or Husband	John F Pollitt				
Father's Name	John Park				
Mother's Maiden Name	Perilla Cherrix				
Name of person giving Information	Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

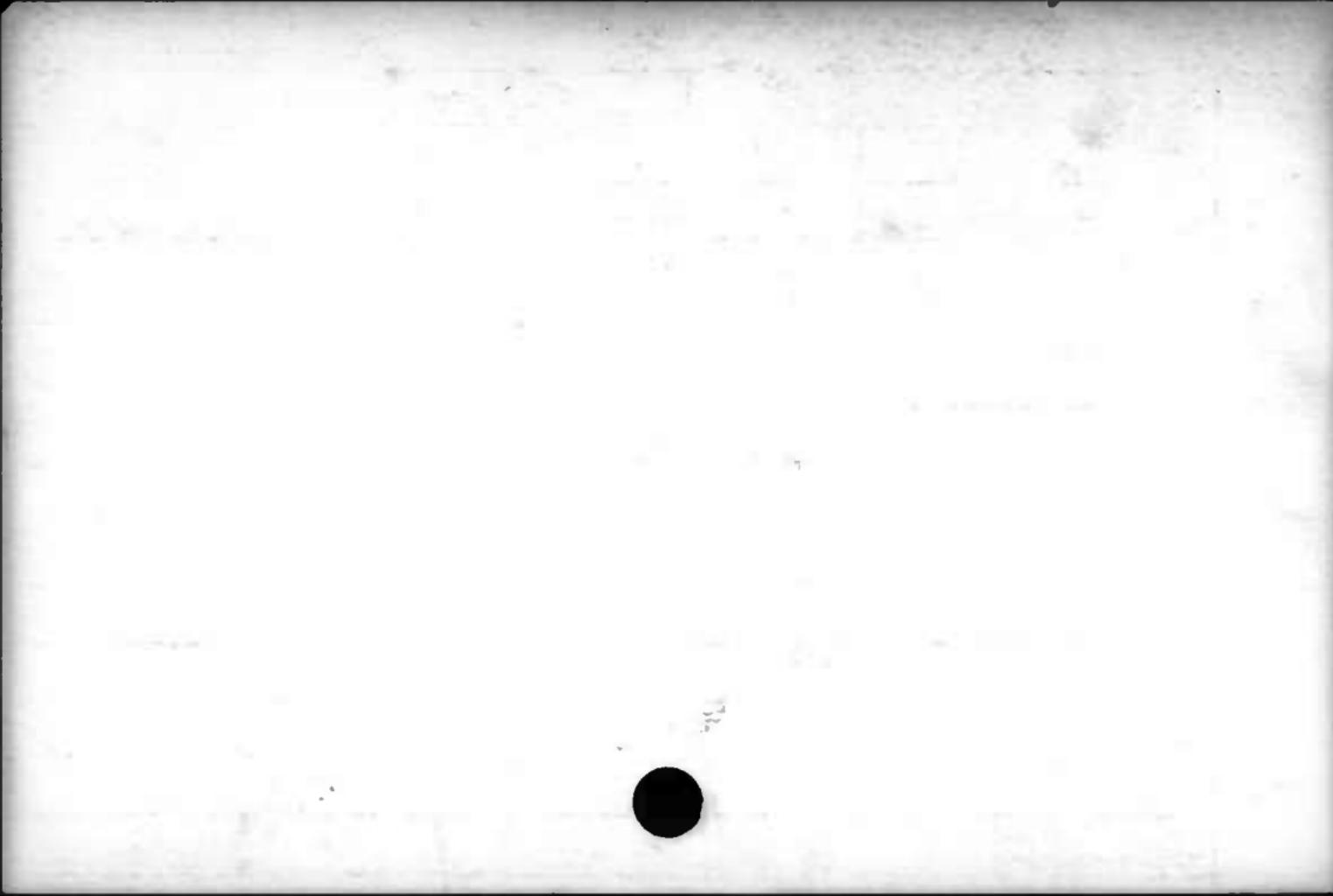
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Harrold Pruitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1902	Month 9	Day 7	Years	Months 8
Sex Male	Color or Race	Age white	Birth- place	Days -
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name	Harry Pruitt		Father's Birthplace	-
Mother's Maiden Name	Hallie Griffin		Mother's Birthplace	-
Name of person giving Information	Escan Lachan		How related to deceased	100

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Stomach

How long

3 weeks

Immediate

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How long

Are the name, age, sex, color, date
and place correctly given above?

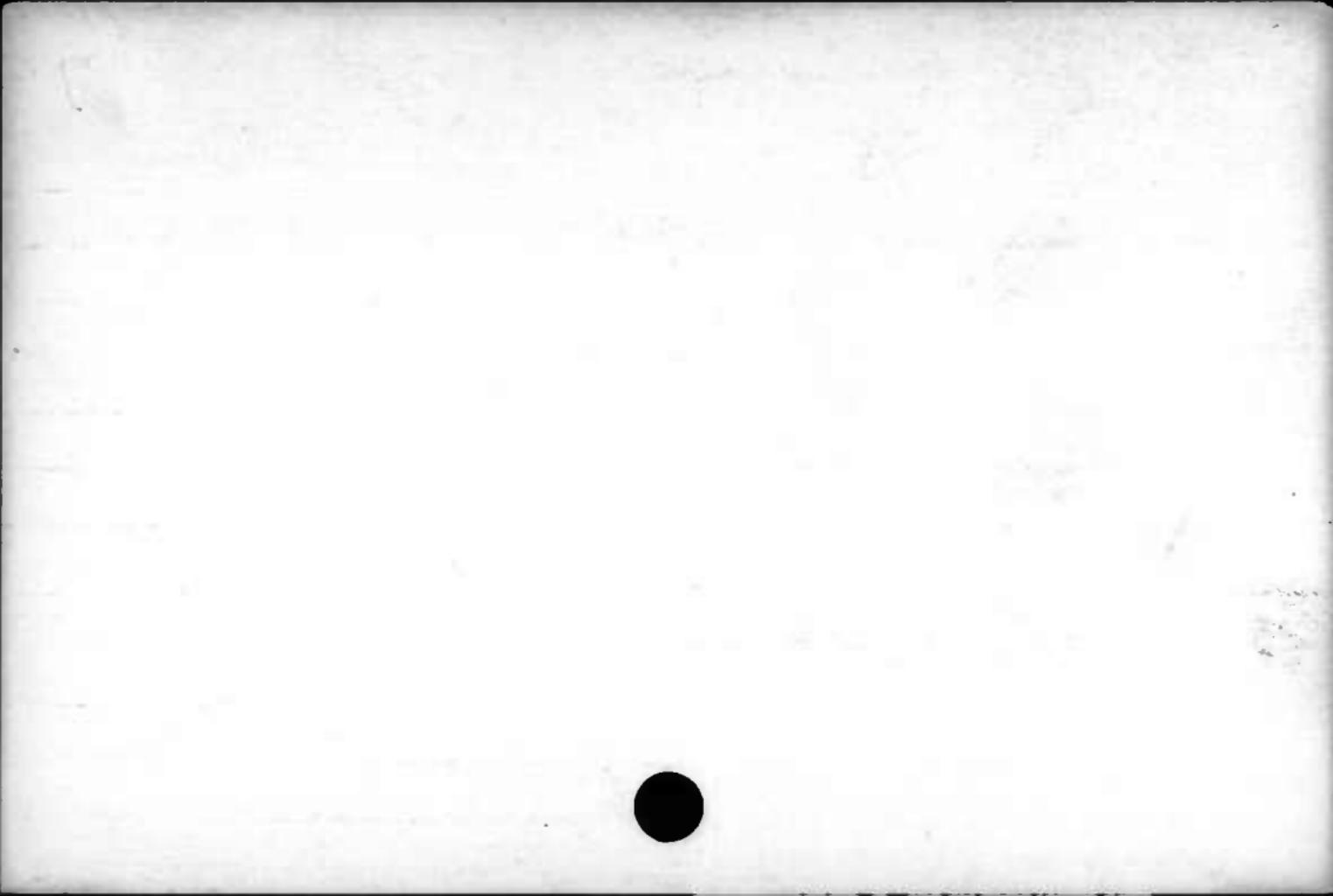
Signature of
Physician

Address

Dr R.P. Collins
Bishopsville
Md

Accident or Suicide?

Yes



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at	Town	County	MARYLAND		
Date of death 1902	Month 9	Day 10	Age 6	Months 6	Days -
Sex Male	Color or Race Black	Occupation	Worchester		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Will Purcell		Father's Birthplace	Worchester	
Mother's Maiden Name	Ella Spence		Mother's Birthplace	..	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary

Unknown

179

How long

3 mo

How long

..

Immediate

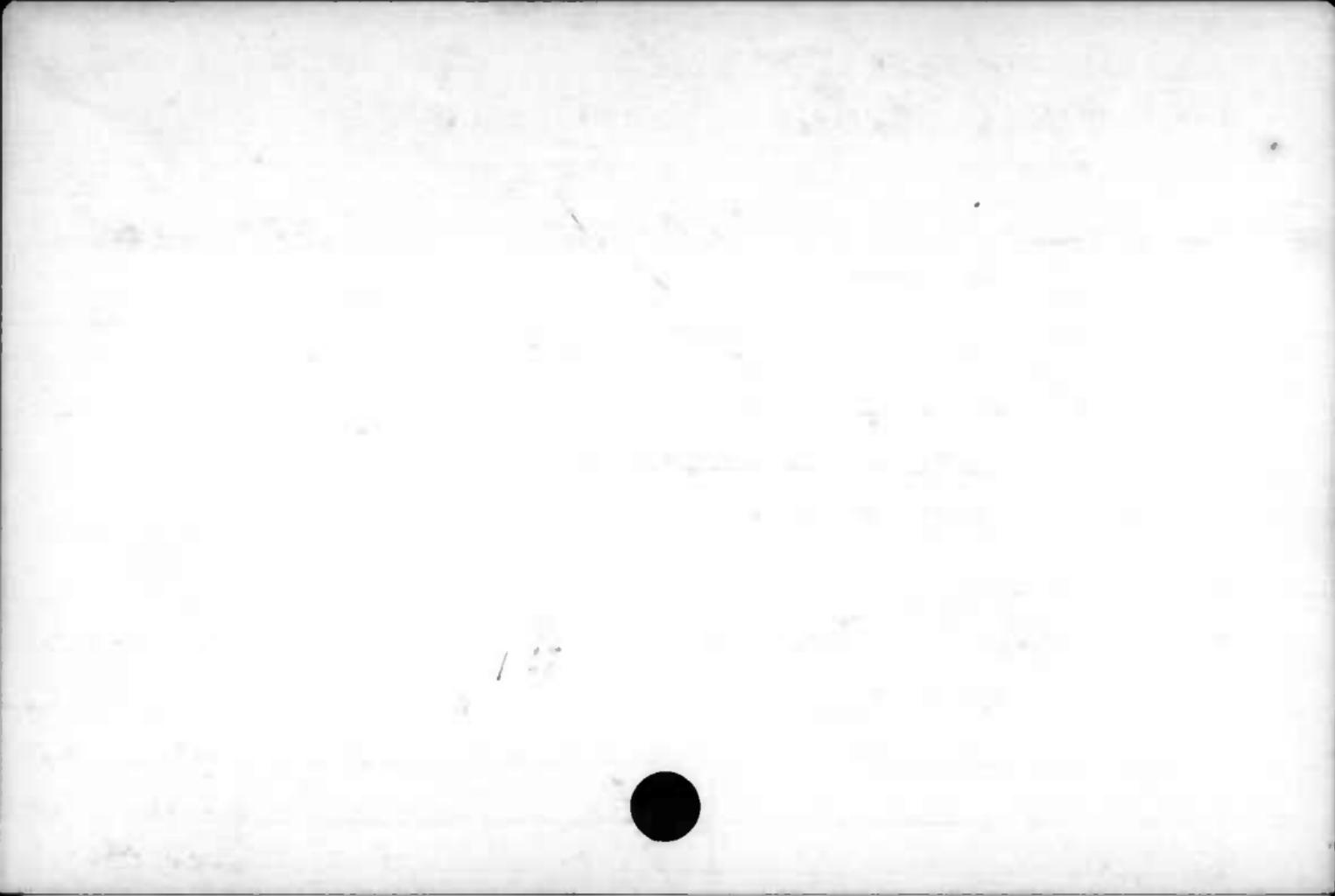
Are the name, age, sex, color, date and place correctly given above?

Signature of

Address

Angertown
E. Wise
Berlin End

Accident or Suicide?



Bessie Pussey

Town

County

Died at

Patuxent City

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 19

02 Sept 21

Age 13

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of _____

Wife

Father's
NameCause of
Death

Primary

Immediate

Typhoid Fever

Exhaustion

Mother's
Maiden Name

Mary F Brittingham

How long sick

12 days

Accident, Suicide, Homicide

Reported by

J S Lissim

Address

Patuxent City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Luminous

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 1902	Month 9	Day 24	Age 42	Years	Months	Days
Sex. Female	Color or Race	white		Birth-place		
Married, Single or Widowed	Occupation		Married Housewife			
Name of Wife or Husband	Bordue Luminous					
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

Primary.

How long

Immediate

How long

Cerebral Apoplexy

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Covilleckson Md
Berlin Md

Accident or Suicide?

